



Critical Thinking Skills

Sit to Stand

This lesson plan is designed to assist with critical thinking skills linking impairments to functional limitations in sit to stand.

Learning Objectives

By the end of this activity, the successful student will:

1. Describe functional limitations observed using proper terminology.
2. Hypothesize impairments which could be contributing to atypical mechanics of sit to stand.
3. Understand the connection between functional limitations and participation restrictions
4. Determine examination strategies to confirm or deny impairments that are present.
5. Determine treatment strategies that will foster motor and functional recovery in this patient.
6. Discuss ways in which to improve the therapeutic alliance between patient and therapist.

This activity supports the requirements for:

- *The Accreditation Council for Occupational Therapy (ACOTE) standards (2018):*
 - *OT: B.3.6., B.4.1., B.4.2., B.4.13.*
 - *OTA: B.3.6., B.4.1., B.4.2., B.4.13.*
- *The Commission on Education for Physical Therapy Education (CAPTE) standards:*
 - *PT: 7D20, 7D21, 7D19*
 - *PTA: 7D9, 7D16*

Critical Thinking Skills: Sit to Stand

Watch

Assign the following video for students to watch:

- **Early Gait Training: Difficulties with Sit to Stand and Stand to Sit**

Discuss

1. Review guidelines for grading level of assistance, for example: independent/supervision/contact guard/minimal assist/moderate assist/maximal assist/dependent.
2. What level of assist does the patient in the video require for the sit to stand transition? Defend your answer. How much verbal cueing does the patient require for the task?
3. Using the ICF model, would you say that the patient's difficulty with sit to stand could be classified as an impairment or a functional limitation?
4. Make a list and discuss which participation activities include sit to stand transitions.
5. From a motor control standpoint, where on the mobility>stability>controlled (dynamic) mobility>skill continuum does this activity fall? Defend your answer.
6. Discuss with your peers the practical challenges of sit to stand including guarding patients safely.
7. Generate a list of possible impairments that you feel are contributing to this individual's inability to move from sit to stand independently. Be detailed (ie. not simply 'decreased strength', but 'decreased strength of left hip extensors').
8. What examination strategies would you use to determine if the impairments are present or not?
9. Work with your instructor to determine a mutually agreed upon and specific list of impairments.
10. Review how the environment and the task influence the patient's ability to go from sit to stand. Comment on issues like verbal and tactile cueing, feedback, and task breakdown.

Watch More

Suggested additional video:

- **Mobility: Dizziness in acute care** (Ben)